								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001 102715													
<u>. </u>		CLAIMS A	S FILED - PART I (Column 1) (Column 2)					SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			7					RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE 370.0		OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS					· C			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS				nus 3 -	Ö		Ī	X42=		OR	X84=		
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT				+140=			OR	+280=		
" If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL	370	OR	TOTAL		
CLAIMS AS AMENDED - PART II								CMA:	ENTER	^-	OTHER		
		(Column 1) CLAMS		(Colui		(Column 3)		SMALL	ENTITY	OR	SMALL		
AMENDMENT A	47	REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	. 2	Minus	.74)	•		X\$ 9=		OR	X\$18=		
ş	Independent	T PRESENTATION OF MULTIPLE DEPENDE		SENDENG	CI ANA	<u> </u>	X42=			OR	X84=		
<u> </u>	- CONTROL OF MOUNTED DEPENDENT OLDER							+140=		OR	+280=		
								TOTAL DOIT, FEI		OR	TOTAL ADDIT. FEE		
_		(Column 1) (Column 2) (Column 3)							L				
ENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER	PRESENT EXTRA	$\ \ $	RATE	ADDI- TIONAL FEE.		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total Independent	. 25	Minus Minus	•)()	:5		X\$ 9=	RIN	OR	X€18=		
Ā		NTATION OF MIL		ENDENT	CLAIM		I L	X42=		OR	XB4≖		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		OR	+280=		
								TOTAL DOIT, FEE		OR	TOTAL ADDIT. FEE		
_	7	(Column 1)	A Carolina	(Colur		(Column 3)				_			
ENTC		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Š	Total	•	euniM	*		-		X\$ 9=		OR	X\$18=		
AMENDMENT	Independent	•	Minus	***			lt	X42=		OA	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		OR.	+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3, " if the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."								TOTAL		OB.	TOTAL		
The "Highest Number Previously Paid For" IN THIS SPACE is less than 30. ADDIT. FEE													
FORM PTO-ETS (Ray AD1)													

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